



# Traffic Signal Permit

Check Appropriate Box: ☐ Permit Application (Complete Parts A and B)  
☐ Report of Change (Complete Parts A, E, and F)  
☐ Report of Installation (Complete Parts A, D, and F)

<b>F</b>	<b>Permit No.</b> To be Assigned by Headquarters
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<b>A</b> Applying or Reporting Agency	State Route	Milepost	Control Section	WSDOT Region	70% Rule By <input type="checkbox"/> Speed <input type="checkbox"/> Population	
	Location / Cross Street		County	City	City Population	
	Signal Type - Check Appropriate Boxes <input type="checkbox"/> Conventional <input type="checkbox"/> Intersection Control Beacon <input type="checkbox"/> Ramp Meter <input type="checkbox"/> School <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Moveable Bridges <input type="checkbox"/> Reverse Lane <input type="checkbox"/> Temporary					
<b>B</b> Applying Agency - Application information	Agency		Applicant Name		Date	
	Address		City	State	Zip Code	
	Warrant Checklist		Hours Met			
	<input type="checkbox"/> 1. Eight-Hour Vehicular Volume <input type="checkbox"/> 2. Four-Hour Vehicular Volume <input type="checkbox"/> 3. Peak Hour <input type="checkbox"/> 4. Pedestrian Volume <input type="checkbox"/> 5. School Crossing <input type="checkbox"/> 6. Coordinated Signal System <input type="checkbox"/> 7. Crash Experience		<input type="checkbox"/> 8. Roadway Network <input type="checkbox"/> 9. Non-MUTCD Warrant <input type="checkbox"/> 10. Other			
	Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation <input type="checkbox"/> Vehicular Volume Counts <input type="checkbox"/> Intersection Sketch <input type="checkbox"/> Projected Volumes <input type="checkbox"/> Speed Study <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian Volume Counts <input type="checkbox"/> Warrant Analysis <input type="checkbox"/> Gap Study <input type="checkbox"/> Accident Study					
<b>C</b> Region Authorization	Problem Statement					
	Under authority of RCW 46.61.085, the above described installation is authorized.					
	Regional Administrator Signature			Approval Date		
<b>D</b> Operating Agency	Conditions of Permit					
	<b>Report of Installation</b> (Fill in Agreement Number if Owning Agency does not operate and/or maintain the signal)					
	Turn-On Date		Agency Owning Signal		Agency Operating Signal	
<b>E</b> Operating Agency	Control Type <input type="checkbox"/> Cyclic <input type="checkbox"/> Flashing		Agency Maintaining Signal		Agreement Number	
	<b>Report of Change</b> (Report change in Type of Signal, Type of Control, or if signal was removed)					
	Signal Type Changed From _____ To _____				Date Changed	
Control Type Changed From _____ To _____				Date Changed		
Date Signal Removed		Reported By		Title		Date